

PEDAS MEMBERSHIP FORM (January 2024)

Please complete this form using **block capitals** and **print clearly**. If you agree to give us your email address, we can inform you more efficiently of important dates and events.

					Surname:				
					First Name:				
Addre	ess:								
Posto	ode:			Tel No	os:		М	obile:	
Email	l:								
E Ne	wslett	ers will	be sen	t by ema	ail.				
l agre	e to	abide l	by the r	ules of	the Society.				
_		allow to		iety to I	nold my memb	ership de	etails a	ccording to the PEDAS Data	
Signed:						Date:			
		•			(it is needed to actual date by e	•		ds) and submit <u>on or before the</u> ewsletter)	
-				-	ednesday aftern or the year.	ioon/Sunda	ay afte	rnoon meeting in January, or by	
Cheq	ues n	nade o	ut to PE	DAS ple	ease and sent to	o the PEDA	AS Mer	nbership Secretary:	
Mrs C	arol (Cox, Ale	dersyde	Cottage	e, Middle Road,	Lytchett M	latrave	rs, Poole, Dorset, BH16 6HJ	
Rank	Tran	sfer D	etails						
Accou				unt Num	nher Sort	Code		Reference	
PED/		шпо	4928			90-89		Initial,Surname,NewMember	
				•	S you will still of the regular r		submit	your form either by post, email	
For of	ffice u	use onl	y						
Amount Paid: £						Cheque / Cash / BACS			
Records Updated:						Type of Membership: Yearly / Life / Distant (half price)			